


SECTION 1: COVER SHEET

 <p>State of Utah Commission on Criminal and Juvenile Justice 101 State Capitol Salt Lake City, Utah 84114-0651 Ph: (801) 538-1031 Fax: (801) 538-1024</p>		For CCJJ use ONLY: 1. Implementing Agency Name & Address: c/o Applicant Agency:																														
2. Type of Application (check one) <input type="checkbox"/> Initial <input type="checkbox"/> Continuation <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th If continuation, previous grant #:		3. Agency Type (check one) <input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Not for Profit																														
4. Phone number: Fax number:		5. Beginning & Ending Dates of Program:																														
E-mail Address:		6. Type of Criminal Justice Agency: (Check one) <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Pretrial Services <input type="checkbox"/> Victim Assistance <input type="checkbox"/> Corrections <input type="checkbox"/> Prosecution <input type="checkbox"/> Juvenile <input type="checkbox"/> Adjudication <input type="checkbox"/> Public Defense <input type="checkbox"/> Other																														
7. Will this award (check one) <input type="checkbox"/> Enhance an Existing Program <input type="checkbox"/> Initiate a New Program		8. What grant program are you requesting? (Check one) <input type="checkbox"/> Crime Reduction Planning <input type="checkbox"/> Byrne <input type="checkbox"/> Challenge <input type="checkbox"/> State Gang <input type="checkbox"/> JAIBG <input type="checkbox"/> Other <input type="checkbox"/> Title V <input type="checkbox"/> RSAT <input type="checkbox"/> State Crime Prevention <input type="checkbox"/> Title II <input type="checkbox"/> N-Chip <input type="checkbox"/> VOITIS																														
9. Congressional District(s) Served		10. Federal Tax Identification Number (87-?????)		11. Title which <i>describes</i> the program to be funded:																												
13. Budget Summary		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">State Grant Funds</th> <th style="width: 25%;">Cash Match</th> <th style="width: 25%;">In-Kind Match</th> <th style="width: 25%;">Total Project Costs</th> </tr> </thead> <tbody> <tr><td>A. Personnel</td><td></td><td></td><td></td></tr> <tr><td>B. Consultants and Contracts</td><td></td><td></td><td></td></tr> <tr><td>C. Equipment/Supplies/Operating</td><td></td><td></td><td></td></tr> <tr><td>D. Travel/Training</td><td></td><td></td><td></td></tr> <tr><td>E. Other</td><td></td><td></td><td></td></tr> <tr><td>Column Totals</td><td></td><td></td><td></td></tr> </tbody> </table>			State Grant Funds	Cash Match	In-Kind Match	Total Project Costs	A. Personnel				B. Consultants and Contracts				C. Equipment/Supplies/Operating				D. Travel/Training				E. Other				Column Totals			
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14. *Name of Official Authorized to Sign		15. **Name of Program Director																														
16. Signatures		For CCJJ use ONLY																														
Authorizing Official		Program Director		Approval Signature Date																												

* (e.g. Mayor, County Commissioner, State Agency CEO) NOTE: Chiefs and Sheriffs are not authorized to approve contracts for their local government.

** This is the individual responsible for the day-to-day management of the grant program.